



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

TB Notes
No. 2, 2012

Dear Colleague:

Many of us who have worked in TB control for a number of years were saddened to learn of the death of Don Brown on March 17, 2012. Don was a long-time member of the Division's Program Services Branch (precursor of the current Field Services and Evaluation Branch), where he played an important role in the TB program evaluation section. For many years, Don was in charge of obtaining, safeguarding, and interpreting the program management data of state and local TB programs throughout the country. Please read about his contributions in this issue.

On March 20, 2012, I had the privilege of participating in a World TB Day Congressional briefing in Washington, DC. Entitled "Tuberculosis: Why This Ancient Disease Remains a Global Health Threat," the briefing was planned by the American Thoracic Society and RESULTS, and sponsored by Representatives Elliot Engel (NY), Gene Green (TX), and Don Young (AK), who are co-chairs of the bipartisan TB Elimination Caucus.

The briefing enabled us to provide Congressional members and staff with information about TB disease and infection, in the United States and globally; how it is transmitted; its effects in children; and challenges that have enabled this disease to persist. Other speakers included Dr. Mario Raviglione, Director, Stop TB Department, World Health Organization, who served as the moderator; Dr. Jeffrey Starke, Professor of Pediatrics, Baylor College of Medicine and Director, Children's TB Clinic, Texas Children's Hospital; and Ms. Rachel Orduno, Vice-President, TB PhotoVoice, and advocate for persons affected by TB. Other CDC staff in attendance included Amy Pulver, Cristina Batt, and Jason Broehm, public health analysts in the CDC Washington office, and Ann Cronin, DTBE Associate Director for Policy and Issues Management. My colleagues and I were glad to have this opportunity to talk about TB. I am hopeful that it will result in additional attention to the worthy cause of TB elimination.

CDC's annual World TB Day observance was held on March 22. Dr. Jeffrey Starke, who as mentioned above had also participated in the March 20 Congressional briefing, was the keynote speaker at CDC's 2012 World TB Day event. He made a compelling case for attention and concerted actions to address pediatric TB. In addition, Drs. Kevin DeCock, Director, Center for Global Health, and Gloria Oramasionwu, EIS officer, DTBE, gave two informative presentations. All three talks came together very nicely for an outstanding and memorable 2012 World TB Day Observance at CDC!

And to round out our series of successful World TB Day events, on March 24, CDC staff and their family, friends, partners, and others came together in Atlanta's Grant Park for the sixth annual TB Awareness Walk. We were rewarded with a perfect morning for this event. I refer you to the articles and photos herein describing the events of the day.

The annual CDC EIS conference was held during the week of April 16–20, 2012, here in Atlanta, Georgia. This conference showcases current EIS Officers' work and projects on topical epidemiologic issues, provides opportunities for epidemiologic professionals to network, and introduces newly selected EIS Officers to future assignments and staff with whom they will be working. On Wednesday morning, a TB session was held; one of the four presentations given was "Tuberculosis Surveillance Data Transmission Errors — United States, 2011," by Robert F. Luo, MD, EIS officer with DTBE. We also have information in this issue about our three new EIS officers who will be joining the Division in August: Drs. Courtney Yuen will be joining us in SEOIB, and Chime Nnadi and Niki Alami will be taking positions with IRPB.

I hope many or most of you in our national TB control programs attended the 2012 National TB Workshop. It was held at Atlanta's Crowne Plaza Ravinia Hotel the week of June 11, with the theme of "A New Era in TB Management." Pre-conference meetings were held Monday, June 11; these consisted of business or working meetings of several groups. The conference officially kicked off on Tuesday, June 12, with a welcome from Dr. Charles Wallace, who serves as President, NTCA, and who is the Manager, Tuberculosis Services Branch, Texas Department of State Health Services; the meeting adjourned at noon on Thursday, June 14. This conference serves as a forum for providing updates on what we have all been doing over the past year, and for exchanging current information and expertise. It provides an opportunity for all of us to learn something new and perhaps pass on lessons learned to others, and to renew our connections with our TB control colleagues. We will provide reports and updates from the meeting in the next issue of TB Notes.

Kenneth G. Castro, MD
Assistant Surgeon General, USPHS, &
Commanding Flag Officer
CDC/ATSDR Commissioned Corps
Director, Division of Tuberculosis Elimination
National Center for HIV/AIDS, Viral Hepatitis,
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Note: The use of trade names in this publication is for identification purposes only and does not imply endorsement by the Centers for Disease Control and Prevention (CDC), the Public Health Service, or the Department of Health and Human Services.

TB Notes

Centers for Disease Control and Prevention
Atlanta, Georgia 30333
Division of Tuberculosis Elimination ♦
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

HIGHLIGHTS FROM STATE AND LOCAL PROGRAMS

The New England TB Heroes Award

The New England Tuberculosis Consortium (<http://newenglandtb.pbworks.com/w/page/13652251/FrontPage>) presents the *New England TB Heroes Award* every year to recognize an extraordinary contribution to the care or management of patients with TB and latent TB infection (LTBI) or an activity that greatly enhanced the TB prevention and control efforts of a local or state TB program. The 2011 award went to two nurses: Maureen Williams, nurse consultant with the Connecticut Department of Public Health TB Control Program, and Nancy O'Neil, LPN, of the Veterans Affairs (VA) Boston Healthcare System.



Maureen had multiple nominations that spoke abundantly about her team-building skills, care to patients and families, and actions as a mentor extraordinaire. One nominator wrote, "I have gained confidence working with Maureen, which in turn has made me a better public health nurse. TB control is a team effort and Maureen is the epitome of a team player, and I feel privileged to work with such a professional."

Another public health nurse stated, "If there is anyone deserving of the New England TB Heroes Award, it would have to be Maureen Williams from the State Department of Public Health TB Program. She plays a vital role providing continuity of care to the TB patients and their families."

Another nomination nicely summarized Maureen's contribution to TB control in Connecticut. "I have been a nurse for close to 40 years and can say unequivocally that Maureen is one of the best nurses I have had the honor to work with. She is a mentor to all nurses involved with TB Control. Connecticut is lucky to have such a clinically competent and compassionate nurse consultant. I know that I speak for many when I say that Maureen is our TB hero."

Maureen received her award on October 20, 2011, at the New England TB Outreach Meeting in Shrewsbury, MA, from Sue Etkind for the New England TB Consortium, and from Danielle Orcutt and Margaret Tate, Connecticut TB case managers (see photo at left).

Nancy O'Neil, of the VA Boston Healthcare System, was recognized with the TB Hero Award at the 2012 "World No TB Day" event at the Massachusetts State House (photo below). The event was organized by the Medical Advisory Committee for the Elimination of Tuberculosis, a



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<http://www.cdc.gov/tb>,
for other publications, information, and
resources available from DTBE.

group of physicians and other TB experts, and was attended by state legislators, Department of Public Health officials, physicians, nurses, and community members.

Nancy, a licensed practical nurse, was selected as a TB Hero because of "her tireless work at the VA Boston Healthcare System. Her work to protect the 4,200 employees of the VA Boston Healthcare System from the contagious and potentially deadly threat of tuberculosis also benefits the communities surrounding the three campuses."

Nancy's dedication was well summarized in her nomination: "Nancy recently engaged Occupational Health and Infection Control to follow up tuberculin skin test converters and to increase compliance. She has expressed a desire to rotate shifts to capture the greatest number of people to be screened."

Congratulations to Maureen and Nancy, our New England TB Heroes!

Past recipients - New England TB Heroes Award

2008

Suzanne Gunston, RN; Maine TB Program Manager (retired)

Susan Nutini, RN; RISE TB Clinic, Rhode Island

2009

Florence Grant, RN; Public Health Nurse, City of Cambridge, MA

Helen Wu; Bridgeport, Connecticut, TB outreach staff

2010

Jeanne Ellis, RN; Getchell TB Clinic, Worcester, MA

Alex Sloutsky, PhD; University of Massachusetts

Laboratory and former Director of the Massachusetts State Mycobacteriology Laboratory

*—Reported by Sue Etkind, RN, MS (Executive Director, STOP TB USA);**

*Jennifer Cochran, MPH (Director, Mass. Div. of TB Prevention and Control);**

Lynn Sosa, MD (Conn. TB medical epidemiologist);

Danielle Orcutt, MPH (Conn. TB case manager);

and Mark Lobato, MD (CDC Medical Officer)

*At the time of writing, Sue Etkind was Director, Mass. Div. of TB Prevention and Control, and Jennifer Cochran was Director, Mass. Refugee and Immigrant Health Program.

Dr. Lee Reichman Receives 2012 World Lung Health Award



Lee Reichman, MD, MPH, was awarded the 2012 World Lung Health Award by the American Thoracic Society (ATS) at the 2012 ATS International Conference, which was held in San Francisco. The ATS

International Conference is an important venue for recognizing individuals who are leaders in the fields of pulmonary, critical care, and sleep medicine for their extraordinary contributions to and achievements in lung disease research, treatment, and prevention. Dr. Reichman was one of seven individuals honored on May 20, 2012, during the ATS International Conference awards session.

The World Lung Health Award is presented to individuals with recognized contributions to world lung health in the area of basic or clinical research, delivery of healthcare, continuing education or care of patients with lung disease.

Dr. Reichman currently serves as the founding Executive Director of the Global Tuberculosis Institute at the New Jersey Medical School. He is also a Professor of Medicine and Professor of Preventive Medicine and Community Health at the same institution.

Dr. Reichman is a globally recognized TB medical and public health leader. He is a longtime member of the International Union Against Tuberculosis and Lung Diseases (past vice-Chair of the Executive Committee), Stop TB USA (former Chair), and the ATS (honorary lifetime member). He is widely published in professional journals, and has written over 200 original journal articles and books.

Early on, Dr. Reichman advocated for the establishment of TB centers of excellence to help health departments and providers fight TB and MDR TB through enhanced education, training, and research activities. This concept was a forerunner of the CDC-funded Model TB Centers, and now Regional Training and Medical Consultation Centers (RTMCCs). The RTMCCs are considered valuable TB control partners, ensuring that health care workers are properly trained in diagnosing and treating TB as well as ensuring clinicians' access to expert medical consultation for the treatment and care of TB patients.

He has served as President of the American Lung Association. He serves as the American College of Chest Physician's representative to CDC's Advisory Council for the Elimination of Tuberculosis. He has also been detailed to the Global WHO Stop TB Partnership and was a charter member of their Advocacy Advisory Committee. Dr. Reichman has received numerous other awards, not the least of which

include being named an Honorary Public Health Advisor in 2010 by the Watsonian Society for his support of PHAs, and the National TB Controllers' Association (NTCA) 2011 William Stead Clinician Award at last year's national TB workshop.

Dr. Reichman graduated from Oberlin College, received his MD degree from New York University, and received an MPH degree from Johns Hopkins University. He was the Director of the Bureau of Tuberculosis Control in the New York City Department of Health and Mental Hygiene from 1971 to 1973 and the Director of the Pulmonary Division of the NJ Medical School - Newark from 1974 to 1993.

DTBE congratulates Dr. Reichman for this richly deserved award!

*—Reported by Staff of the Communications,
Education, and Behavioral Studies Branch
Div of TB Elimination*

NEWS AND EVENTS FROM WORLD TB DAY 2012

CDC's 2012 World TB Day Observance

This year CDC joined the global Stop TB Partnership in adopting the slogan "Stop TB in My Lifetime," which goes with the theme of calling for a world free of TB.

On March 22, CDC held its annual World TB Day observance. The keynote speaker was Dr. Jeffrey Starke, Professor of Pediatrics at Baylor College of Medicine in Texas. He gave a riveting presentation titled "Childhood Tuberculosis: Are We at the Tipping Point?" Other speakers included Dr. Kevin DeCock, Director of CDC's Center for Global Health; Dr. Kenneth Castro, Director of DTBE, and Dr. Gloria Oramasionwu, EIS officer in DTBE. Dr. DeCock's presentation focused on TB and HIV, while Dr. Oramasionwu gave a summary of



Drs. Gloria Oramasionwu, Jeffrey Starke, and Kevin DeCock spoke at the World TB Day event.

2011 provisional TB surveillance data for the United States. Dr. Castro moderated a panel discussion with the speakers after the presentations, and this generated a lively dialogue between the speakers and the audience. The event, which was held at CDC's Global Communication Center, was well attended and was web streamed and viewed by 174 partner sites outside of CDC.



Dr. Castro presented a 2012 TB Walk t-shirt to Dr. Starke at the World TB Day event.

—Reported by Ije Agulefo, MPH
Div of TB Elimination

6th Annual TB Awareness Walk in Atlanta

On Saturday morning, March 24, 2012, staff of CDC's Division of Tuberculosis Elimination (DTBE), along with their friends, families, and

partners, gathered in Atlanta's Grant Park for the 6th annual TB Awareness Walk.

The TB Awareness Walk is held in connection with World TB Day, March 24, to educate the public and raise awareness about TB. Despite much progress, TB still remains a serious threat, especially for persons infected with HIV. TB is one of the leading causes of death among people infected with HIV, with HIV infection being the single most powerful risk factor for progressing from TB infection to TB disease. The World Health Organization estimates that 2 billion people — about one third of the world's population — are infected with *Mycobacterium tuberculosis*, the organism that causes TB. Over 95% of TB deaths occur in low- and middle-income countries, and TB is among the top three causes of death for women aged 15 to 44. DTBE employees want to educate others that TB is still very much a public health problem.

This event is a 2-mile walk around the perimeter of Grant Park. But it's more than just a walk — there's music, food, and entertainment, all provided by donations. This year, there were two musical performances, a magician, three face painters, and a clown. In addition, breakfast snacks and beverages were provided, and all participants received a free t-shirt.

As the warm-up stretching was getting underway, a flash mob broke out. CDC doctors, scientists, PHAs, nurses, administrators, students, partners, and friends entertained the crowd to the beat of Michael Jackson's *Wanna Be Startin' Somethin'*. In the snapshot below, CDC's Bruce Heath is leading the dancers.

The morning's events also included a program of speakers: Dr. Kevin Fenton, NCHHSTP Director; Dr. Kenneth Castro, DTBE Director; Heather Duncan, CDC Deputy Chief of Staff; Steve Valk, from RESULTS, Atlanta Chapter; and an individual affected by TB, who provided personal testimony.

In addition, Erika J. Sigman of DTBE was recognized as the winner of the first annual Victor Tomlinson Tuberculosis Awareness Award. To promote the TB walk, the event organizers announced a contest for the most creative or artistic presentation about TB awareness. Erika wrote and submitted the winning piece, a poem called *Stop. Drop. Roll. (TB Remix)*, and read her poem at the walk. You can read her poem at the end of this article.

The National TB Controllers Association (NTCA) partnered with CDC's DTBE in sponsoring this event. Other participating organizations included the American Lung Association in Georgia, the Clayton County Health Department, the DeKalb County Board of Health, the Fulton County Health Department, the Georgia Division of Public Health, Emory University, Morehouse School of Medicine, RESULTS, the Watsonian Society, and a number of local businesses. A total of 750 people registered for the walk online, and 522 t-shirts were distributed at the event.

Here is Erika's poem:

Stop. Drop. Roll. (TB Remix)

*Do you remember when we learned
'Stop. Drop. Roll.' For fires to be put out;
To get under control?
We acted it out
On imaginary flames,
Reciting it,
Just in case.*

*Now, we must Stop. Drop. Roll.
For an intangible fire spreads
Igniting suffering,
Leaving millions dead.*

*Now we must **Stop.**
Stop TB.
The disease,
The spread.*

*Now we must **Drop.**
Drop the fears that
We cannot.
We can.*

*Now we must **Roll.**
Roll out strategy,
Research, and prevention.*

Stop. Drop. Roll.

*—Reported by Elvin Magee, MPH
Div of TB Elimination*



Bruce Heath leading the flash mob. Photo by Ken Castro.

Nation's First TB Flash Mob!

On March 24, the nation's first TB flash mob made an appearance at the 6th Annual TB Awareness Walk in beautiful Grant Park in Atlanta, GA. After 8 weeks of grueling practice under the tutelage of Ofelia de La Valette, founder and owner of Dance 101 in Atlanta, CDC staff broke into spontaneous dance when the Michael Jackson song, *Wanna Be Startin' Somethin'* began playing. Take a look at the fun time that was had by all!

http://www.youtube.com/watch?v=oR6_gnaiD2k

*—Submitted by Wanda Walton, PhD
Div of TB Elimination*

TB EDUCATION AND TRAINING NETWORK UPDATES

2012 TB Education, Training, and Evaluation Conference

The 2012 TB Education, Training, and Evaluation Conference will take place September 18–20, 2012, at the W Atlanta Midtown hotel in Atlanta, Georgia. For the fourth year, the TB Education and Training Network (TB ETN) and the TB Program Evaluation Network (TB PEN) will join forces for this conference to highlight common aspects of TB, education, training, and evaluation.

The theme for this year's conference is *Lights, Camera, Action: Setting the Stage for TB Elimination*. The opening plenary will focus on lessons learned from past and present disease eradication efforts and how health educators and evaluators can apply these lessons to TB elimination. Other topics include how to effectively present TB data, create partnerships between TB patients and health care workers, and take action to eliminate TB. Conference activities will also include skills-based workshops, informational presentations, and networking opportunities.

For more information about the conference, please visit the TB ETN conference website at www.cdc.gov/tb/education/tbetn/conference.htm.

TB ETN Educator of the Year and Project Excellence Awards Open for Nominations

This is the third year TB ETN will be presenting the TB Educator of the Year and Project Excellence Awards at the annual conference. These two awards were established in 2010 to recognize excellence in TB health education and training by TB ETN members around the world. TB ETN is currently accepting nominations for both awards.

The TB Educator of the Year award recognizes a TB ETN member who has shown dedication and leadership in the field of TB education and training. The Project Excellence award recognizes exceptional health education and training products or activities that have been developed by TB ETN members within the past 2 years.

To be eligible for either award, nominees must

- Hold an "active" TB ETN membership* and
- Be currently practicing in the area of TB education and training.

** Individuals must have been registered as an "active" member of TB ETN for at least 6 months prior to nomination. Participation in a TB ETN workgroup is not an eligibility requirement for the awards.*

TB ETN members can self-nominate or be nominated by someone else. Nominations must be received no later than Friday, July 20, 2012. To access the nomination forms, please go to: www.cdc.gov/tb/education/Tbetn/educatorawards.htm

—Submitted by Sarah Segerlind, MPH,
and Peri Hopkins, MPH
Div of TB Elimination

TB PROGRAM EVALUATION NETWORK UPDATE

News from the TB PEN Steering Committee

The TB Program Evaluation Network (TB PEN) Steering Committee (SC) is a diverse group of TB and evaluation professionals who represent the TB PEN membership. The group includes a representative sample from membership categories. The SC serves as a liaison between CDC's DTBE and the program evaluation focal points in the federally funded TB jurisdictions. The group 1) advises DTBE on national

evaluation focus, 2) aids in building program evaluation capacity among focal points, and 3) assists in meeting focal point needs for evaluation tools, training, and technical assistance.

The 2012 TB PEN SC is composed of 19 members. Jason Cummins, TB Program Epidemiologist from Tennessee, serves as the chair for the committee and Marcee Mortensen, TB Health Educator and Refugee Health Program Representative from Utah, serves as the co-chair. In addition to the chair and co-chair, the following membership categories and members are represented:

Voting Membership

High-incidence state	Cheryl Kearns (NY; 2012–2013)
Medium-incidence state	Sharon Sharnprapai (Mass., 2011–2012)
Low-incidence state	Marcee Mortensen (Utah; 2012–2013)
Big city	Michelle Macaraig (NYC; 2011–2012)

The four members above were nominated and elected by voting members of the TB PEN, which include the program evaluation focal points, to serve as TB program representatives.

Organizational Membership

NTCA	Mary Goggin (Col.; 2012–2013)
RTMCC	James Sederberg (Curry International TB Center; 2012)
TBESC/TRIP	Melissa Pagaoa (2012–2013)
TBTC	Beverly DeVoe Peyton (2012)
TB ETN	Peri Hopkins (2012–2013)
CDC/FSEB	Brandy Peterson (2011–2012) Greg Andrews (2012–2013) Regina Gore (2012–2013)

Organizational members are appointed to SC positions from within their respective agencies.

TB PEN Teams (Chair/Co-chair)

Technical Assistance	Leonard Mukasa (Arkansas; 2010–2012)
Tools	Ann Tyree (Texas; 2010–2012)
Communications	Phil Griffin (Kansas; 2010–2012)
Training	Jason Cummins (Tenn; 2010–2012)
Implementation	Vacant

The SC works to serve as the voice of the TB PEN and program evaluation focal points to DTBE. Members of the SC actively coordinate and facilitate the monthly TB PEN Focal Point Open Forum calls and routinely discuss the value of these calls during the monthly SC meetings.

Recently the group evaluated the efficacy of having defined teams. As a result, the SC approved a motion to dissolve the teams, and instead adopt the strategy of soliciting volunteers to work on clearly defined projects as the need arises. The motion and proposed changes to the TB PEN bylaws have been sent to the program evaluation focal points for a formal vote. Should the focal points approve the motion, the current SC structure will remain in place until January 2013.

The SC has also provided input to the National TB Indicators Project (NTIP) Workgroup on revisions to the indicators based on concerns raised by the program evaluation focal points. This is an important task and issue for the SC, as the focal points are the primary users of NTIP and the role of the SC is to ensure that their voices are heard.

The SC encourages all TB PEN members and program evaluation focal points to become involved in activities by volunteering to assist with a special project, serving on the TB ETN/TB PEN Conference Planning Committee, participating or presenting on the monthly Open Forum Calls,

and/or attending the annual TB ETN/TB PEN Conference.

If you would like more information about the TB PEN SC or would like to get connected with the TB PEN, please email:

Jason Cummins: Jason.Cummins@tn.gov

or

Marcee Mortensen: marceemortensen@utah.gov

or

the TB PEN Mailbox: tbpen@cdc.gov

—Submitted by Jason Cummins, MPH,
TB PEN Chair, Tennessee Dept. of Health;
Marcee Mortensen, MPH, CHES,
TB PEN Co-Chair, Utah Dept. of Health; and
Brandy L. Peterson, MPH, MCHES,
Div. of TB Elimination

COMMUNICATIONS, EDUCATION, AND BEHAVIORAL STUDIES BRANCH UPDATES

DTBE Launches Spanish TB Website

DTBE's Communications, Education, and Behavioral Studies Branch (CEBSB) is excited to announce the launch of the Spanish TB website, <http://www.cdc.gov/tb/esp/>. This website targets the general public and provides a variety of TB information in Spanish. It includes fact sheets, publications, posters, and video and audio podcasts.

Dr. Castro Provides Expert Commentary for Medscape on 12- Dose Regimen

Medscape from WebMD provides medical news features, commentary, and reference content for physicians, nurses, pharmacists, and other health professionals. CDC and *Medscape* collaborate to produce a special series of CDC expert commentaries designed to deliver guidance directly to *Medscape's* physicians and other health care professionals. In this series,

experts from CDC offer video commentaries on current topics.

In March 2012, DTBE participated in the CDC Expert Commentary Series. DTBE Director Dr. Kenneth Castro recorded the commentary, *New Regimen Makes Treating Latent TB Infection Easier* at CDC's broadcast studios in Atlanta. This commentary details the new 12-dose treatment regimen for latent TB infection. The commentary was posted on May 22, 2012, on [Medscape's website](#) where it can be viewed after a short registration process. As an alternative, it can be viewed on the DTBE website on the [Treatment for Latent TB Infection web page](#) under "12-dose Regimen Products."

Other examples of *Medscape's* CDC Expert Commentary Series, including the 2011 commentary Dr. Castro recorded titled, *What's New in Blood Testing for TB Infection?*, are available on *Medscape's* "[CDC Expert Commentary](#)" webpage.

—Reported by Nicole Richardson-Smith, MA
Div of TB Elimination

Tuberculosis ... Soap?

I get excited when I find that "perfect" gift for a family member or friend. The perfect gift can be any number of things: an outfit that will look stunning; an item that reflects an individual's personality or adds to a collection; or something that brings forth laughter. My personal favorites are the silly little things that can make a person laugh out loud and smile each time they glance over at or use the gift.

This past Christmas, Judy, a good friend and microbiologist, had me laughing repeatedly when she presented me with a "petri dish soap" designed to look like *Haemophilus influenzae* on a chocolate agar plate, with a chocolate scent.

I started my professional career as a medical technologist with one of the largest county

hospital systems in the Southeast. The laboratory was huge and I specialized in hematology, coagulation, flow cytometry, and microbiology. Consequently, my medical technologist side was tickled by the message on the back of the handmade soap that read, "*This petri dish soap is designed to look exactly like what you're trying to wash off: bacteria! This particular soap is modeled after Haemophilus influenzae. H. influenza type b (Hib) is the cause of pneumonia, bacteremia, and acute bacterial meningitis*" (www.Cleaner Science. com ... Making Science a Little Cleaner).

Photo of the prototype soap with packaging



The next time I sat down at my computer, I logged on to the website and found petri dish soaps for a variety of bacteria, as well as soaps in the shape of red blood cells. Then I saw a grape-scented petri dish soap with *Pseudomonas aeruginosa*. Immediately I thought of my preceptor in clinical microbiology, who taught me that if you open the incubators and get a whiff of "grapes" you know *P. aeruginosa* is growing in some of those petri dishes you are pulling from the incubator. Wondering if the owner and creator of the website, who had written "I make nerdy soaps," would be willing to try to make a soap modeled after *Mycobacterium tuberculosis* growing on a Lowenstein-Jensen media (LJ) slant in a test tube, I sent an e-mail and waited.

Sara Jezierski wrote back and explained that she had been planning to attempt making test tube

soaps for a while and was more than willing to start with a "TB soap." When I asked if she was a microbiologist or medical technologist, she replied that she was pursuing a doctorate in Pharmacy, but her ideas for her soaps had come from previous work in a microbiology department.

Over the next few weeks Sara crafted and cured a mold for the test tube soaps, sent photos of the "prototype," and planned the packaging. Confident she could have an order of "TB soaps" ready for World TB Day, we planned the packaging text to educate a person about TB and raise awareness as to how many people around the globe are affected by the bacterium. Incorporating text from the CDC DTBE website and statistics compiled by the World Health Organization, we decided the label would read, "*Always cover your cough! This soap is modeled to look like Mycobacterium tuberculosis on an LJ slant. M. tuberculosis is the cause of tuberculosis (TB). TB usually affects the lungs, but it can also affect other parts of the body. The germs are spread from person to person through the air. More than 2 billion people, or one third of the world's total population, are infected with TB.*"

The week before World TB Day 2012, the soaps arrived. Like a kid at Christmas, I ripped open the box to find rows of soaps that looked even better than the photographs Sara had sent. Borrowing from the Stop TB Partnership's World TB Day 2012 campaign that encourages people all over the world to make an individual call to stop TB in their lifetimes, I tucked little notes into the boxes indicating I want a quick, sensitive, specific & cheap TB test to diagnose the disease.

World TB Day is not a typical gift-giving occasion, so my TB colleagues and mentors were surprised to receive a small present to mark the occasion. Colleagues have been impressed by how realistic the soaps look. However, the soaps do not have the screw-cap tops found on real LJ slants. Thus, as one of my former lab colleagues walked into a room to show her soap



Photo of the soap from the Cleaner Science webpage

to co-workers, she was scolded for walking around with an uncapped tube!

Two soaps accompanied Dr. Castro, DTBE Director, and Ann Cronin, DTBE Associate Director for Policy and Issues Management, on a trip to Washington, DC, for a Congressional hearing on U.S. and global TB.

There have been plenty of laughs from the soaps. One colleague put her "TB soap" in the guest bathroom – only to have some friends wonder if she was doing an experiment. Two colleagues thought I had given them candy shaped like TB. Another indicated she was going to use her soap for "show and tell" at an upcoming training course. However, one of my mentors summed it up best in an e-mail "What a wonderful gift for a TB nerd, from a TB nerd."

If you too would like to gift a TB nerd with a TB soap, or need a visual aid to educate your friends and family about your professional life, visit Sara Jezierski's website: www.cleanerscience.com

—Submitted by Joan M Mangan, BSMT, MST, PhD
Div of TB Elimination

Lowenstein-Jensen (LJ) medium is used in the laboratory for the cultivation of *Mycobacterium tuberculosis* and other mycobacterial species.

But do you know ... ?

Q: Why Lowenstein-Jensen media is "slanted" in the test tube?

A: Like a petri dish, slanted agar provides a solid surface for growth of bacteria in a laboratory.

Unlike the petri dish, the tubes are easier to store and transport. Slanting the media in the test tube increases the surface area that the bacteria can grow on.

Q: What gives the medium its pretty green color?

A: Malachite green dye.

Q: Who was Lowenstein?

A: Dr. Ernst Löwenstein originally formulated a medium for cultivation of mycobacteria in which congo red and malachite green dyes were incorporated for the partial inhibition of other bacteria. Dr. Löwenstein was lecturer and professor of experimental pathology at the Medical School of the University of Vienna. In 1932 he was nominated for (but did not win) the Nobel Prize in Physiology or Medicine by Prof. Albert Calmette of the Pasteur Institute, one of the men who developed the tuberculosis vaccine, bacille Calmette-Guerin. As a Jew, Lowenstein was persecuted by the Nazis; he lost his position and was thrown out of the university on April 22, 1938. He eventually emigrated to the United States.



Q: And who was Jensen?

A: Dr. K.A. Jensen developed the present formula for the media. Jensen's formula does not contain congo red, and has an increased malachite green concentration. Dr. Jensen was Chief of the University Institute of General Pathology, University of Copenhagen, Denmark. Among his contributions, he examined the physical characteristics of the tubercle bacilli isolated from men and cattle. At the time, two methods of typing were available. In one, the appearance of bacterial colonies growing on culture medium served as a basis of classification; the other method was based on the virulence of the strains to rabbits and guinea

pigs. He reported that by using suitable culture medium, it was possible to differentiate types of the tubercle bacillus. He also advocated for cooperation between veterinarian authorities and physicians in addressing bovine tuberculosis.

Q: In what years did Dr. Lowenstein publish his recipe (formula) for a culture media on which to grow mycobacteria in a laboratory?

A: 1931 and 1933

Q: If you want to read Lowenstein and Jensen's original articles with the recipes (formulas) for the media ... in what language do you need to be fluent?

A: German

Q: What do TB bacteria eat for breakfast (as well as lunch and dinner) when growing in a tube of Lowenstein-Jensen media?

A: Two major ingredients in the media are whole eggs and glycerol. These ingredients provide the fatty acids and protein required for mycobacteria metabolism.

Q: How many days after the LJ media is inoculated with a patient's specimen will the lab staff start looking for TB bacteria?

A: Cultures are read within 5–7 days after inoculation and once a week thereafter for up to 8 weeks. In most laboratories, LJ is now used in conjunction with liquid media, such as a "MGIT" tube; growth of TB can be detected much sooner in the liquid media than on the solid LJ slant.

Q: When *Mycobacterium tuberculosis* grows on an LJ slant, what does it look like?

A: The lab professionals will tell you, when they look at the LJ slants they are looking for colonies of bacteria that look "rough and buff." Colonies of TB bacteria are rough in texture, not smooth. "Buff" refers to the pale tan color of the bacteria.

Q: Can you ship an LJ slant with TB bacteria growing on it through the US Postal Service?

A: No! *Mycobacterium tuberculosis* that is growing in culture is considered a "Category A"

Infectious Substance by the Department of Transportation. This Category is not accepted by the US Postal Service for shipment. However, patient specimens, such as sputum, that are known or thought to contain TB can be sent through the mail. FedEx or a courier must be used for Category A Infectious Substances, including TB growing in culture.

CDC Reference Librarian Kathleen Connick is gratefully acknowledged for her able and speedy assistance in finding much of the biographical information about Dr. Ernst Löwenstein.

References

1. *Quality Control Procedures. BBL™ Lowenstein-Jensen Medium / BBL™ Lowenstein-Jensen Medium with 5% Sodium Chloride.* L007464 Rev. 09; February 2011. Available at <http://www.bd.com/ds/productCenter/220908.asp>; accessed 4/10/2012.
2. World Health Organization. *Advances in the Control of Zoonoses.* Presentations from the WHO/FAO Seminar on Zoonoses, Vienna, Austria, Nov. 24-29, 1952. Monograph series No. 19. WHO: Geneva; 1953.

CLINICAL RESEARCH BRANCH UPDATE

TBTC Evaluation of Rifapentine for Treatment of Pulmonary TB

The Tuberculosis Trials Consortium is enrolling TBTC Study 29x, a dose-escalation extension of TBTC Study 29, "Evaluation of a rifapentine-containing regimen for intensive phase treatment of pulmonary tuberculosis," at 20 sites in the United States, Brazil, Hong Kong, Kenya, Peru, South Africa, Spain, Uganda, and Viet Nam. The protocol chair is Dr. Susan Dorman at Johns Hopkins University. The results of these randomized controlled phase 2 trials, associated pharmacokinetic studies, and related studies of rifapentine sponsored by other institutions that currently are in progress, will be evaluated to determine whether and how to conduct a future

phase 3 study of rifapentine in a 3- or 4-month regimen to cure pulmonary TB.

Study 29 enrolled 531 adults with sputum smear-positive pulmonary TB, from December 8, 2008, to November 5, 2010, and randomized participants to rifapentine 10 mg/kg/dose or rifampin 10 mg/kg/dose, administered 5 days/week for 8 weeks (intensive phase), with isoniazid, pyrazinamide, and ethambutol. Co-primary outcomes were negative sputum culture on liquid and on solid media at intensive phase completion. According to these culture measures, the rifapentine regimen was as safe and effective as the rifampin regimen, and supported evaluation of higher rifapentine exposures. The Study 29 manuscript been accepted for publication in a high-impact journal.

Study 29x is enrolling 320 patients in a four-arm phase 2 evaluation of the tolerability of higher doses of rifapentine, administered with isoniazid, pyrazinamide, and ethambutol, during intensive phase treatment of sputum smear-positive pulmonary TB. Rifapentine exposure is being optimized by treating 7 days/week and administering doses with high-fat meals. In addition to the study arm with a standard rifampin dose, rifapentine study arms have doses of 10 mg/kg, 15 mg/kg, and 20 mg/kg. As in Study 29, continuation phase treatment follows ATS/CDC guidelines. Enrollment is now past the half-way mark and is expected to be complete by the end of this year.

—Reported by Stefan Goldberg, MD
Div of TB Elimination

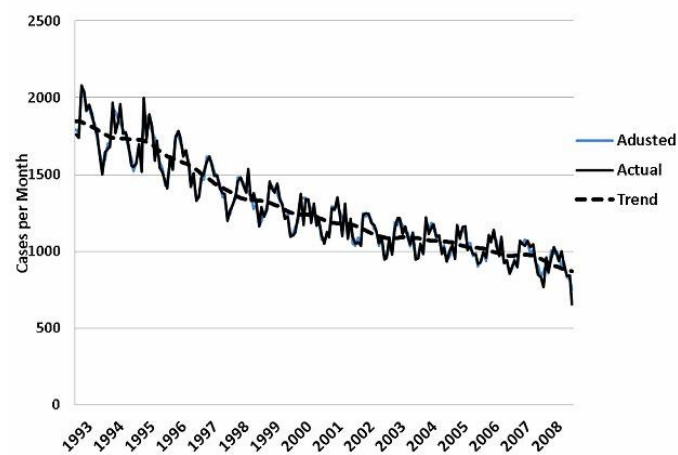
INTERNATIONAL RESEARCH AND PROGRAMS BRANCH UPDATE

TB Is a Seasonal Disease in the United States

CDC/DTBE has reported that tuberculosis is a seasonal disease in the United States with a

peak in spring and trough in late fall. The degree of seasonality is greater with younger age and among cases associated with clusters with matching genotypes, suggesting recent disease transmission. We concluded that seasonality of TB is more likely due to seasonal variation in events of disease transmission, rather than in events of activation of latent infection. This will guide future research in the role of the environment in disease transmission and potential mitigation of season specific risk.

TB cases diagnosed per month, United States, 1993-2008; actual and adjusted cases with trend



—Reported by Bill Mac Kenzie, MD,
and Matt Willis, MD
Div of TB Elimination

Reference

1. Willis MD, Winston CA, Heilig CM, Cain KP, et al. Seasonality of tuberculosis in the United States, 1993-2008. Clin Infect Dis 2012 June 1; 54(11): 1553-60.

LABORATORY BRANCH UPDATE

Diagnostic Mycobacteriology Course Held April 24–27, 2012

During April 24–27, 2012, the Diagnostic Mycobacteriology Course brought 20 public

health laboratorians from across the United States and Puerto Rico to CDC's Roybal Campus. This course is a joint effort of DTBE's Laboratory Branch (LB) and the Association of Public Health Laboratory's National Laboratory Training Network (NLTN).



Students and faculty of the Diagnostic Mycobacteriology Course

The Diagnostic Course featured didactic sessions, as well as hands-on laboratory experience. The students heard from both internal (CDC) and external subject matter experts regarding laboratory best practices for TB. In addition, DTBE Director Dr. Kenneth Castro gave participants a TB epidemiologic overview, and Branch Chief Dr. Michael Iademarco addressed the students and acknowledged their dedication to public health service. Lectures included an overview of new mycobacteriology testing methods; best practices for specimen processing and culture techniques; genotyping; testing for drug susceptibility; biosafety; performance monitoring; validation of new tests; molecular assays; and understanding the benefits and limitations of current testing procedures. The attendees spent time in the

training laboratory learning the ins and outs of reading drug-susceptibility test (DST) results using indirect agar proportion and pyrosequencing assays, in addition to techniques for DST using microbroth dilution plates for testing susceptibility to first- and second-line drugs. In the classroom, students even enjoyed testing their biosafety knowledge with a Jeopardy© game!

Perhaps the most valuable aspect of the 4-day program was the chance for all participants to share stories, case studies, current testing algorithms, and best practices and to network with their peers to learn what others are doing in the world of TB diagnostics. Students came away with answers to challenging situations, resources to help in their laboratory settings, and shared solutions to common problems. A few lucky students received door prizes, including the coveted "TB Soap" (see Joan Mangan's article on "TB Soap" in this issue of TB Notes).

Participants enjoyed their experiences and gave high marks to the course. Roy Tu'ua, from the Missouri Public Health Laboratory, stated afterwards, "The Diagnostic Workshop was really awesome. I enjoyed every minute of the workshop." And Emily Velez-Chua of the Ohio Dept. of Health Laboratory wrote "...The Lab hands-on was excellent... the course was a confirmation that we are on the right path and also improving where we need change." The Laboratory Capacity Team (LCT) will review all evaluations submitted by attendees and incorporate changes and updates to improve the course in the future. Sponsoring the Diagnostic Mycobacteriology Course on an annual basis is a sustaining commitment of the LCT. If you or your laboratory colleagues were not able to attend this year's session, look for this course to be repeated in the future.

External faculty acknowledgements go to Eileen Burd (Emory University Hospital), Tanya Halse (New York State Wadsworth Center), and Ken Jost (Texas Department of Health Services). The

DTBE/LB faculty lead was Angela Starks; other LB faculty members consisted of Lois Diem, Jeff Driscoll, Beverly Metchock, David Sikes, Tracy Dalton, Frances Tyrrell, and Lauren Cowan, as well as Brandi Limbago of DHQP/NCEZID. Acknowledgments also go to other members of the Laboratory Branch: Panyotta Delinois, Paige Gupta, Denise Hartline, Jameelah Franklin, and Allison Lentz. The course organizers were Judy Gaither, Michael Vick, Stephanie Johnston, and Rebecca Bandea of CDC, and Monet King and Pam Moleta of NLTN. Vendor support was provided by Qiagen.

—Submitted by Frances Tyrrell, MPH, MT (ASCP)
Div of TB Elimination

SURVEILLANCE, EPIDEMIOLOGY, AND OUTBREAK INVESTIGATIONS BRANCH UPDATES

TB Genotyping Updates from DTBE Molecular Epidemiology Activity

The Molecular Epidemiology Activity (MEA) in DTBE's Surveillance, Epidemiology, and Outbreak Investigations Branch has recently developed several new products that we believe will help state, local, tribal, and territorial TB programs effectively use genotyping data.

GENType: a New TB Genotyping Terminology

The National TB Genotyping Service (NTGS) has been defining genotypes using the term "PCRTYPE," which is assigned for each unique combination of spoligotype and 12-locus MIRU-VNTR results, and is designated as "PCR" followed by five digits (e.g., PCR00002). However, in April 2009, MIRU-VNTR analysis was expanded from 12 loci to 24 loci (24-locus MIRU-VNTR). The additional information increases our ability to discriminate among chains of transmission and makes TB genotyping even more useful for routine TB control.

In order to fully integrate 24-locus MIRU-VNTR into routine use, a new national naming system, GENType, has been developed and integrated into the TB Genotyping Information Management System (TB GIMS). Each unique combination of spoligotype and 24-locus MIRU-VNTR results has been assigned a GENType, formatted as "G" followed by five digits. For example, G00010 refers to the unique combination of spoligotype: 000000000003771 and 24-locus MIRU-VNTR: 223325173533 444534423428. A fact sheet about GENType will be available soon.

Expanding 24-locus MIRU-VNTR Availability for 2009 Isolates

Most TB isolates that were genotyped prior to April 2009 do not have complete 24-locus MIRU-VNTR data. MEA is working with DTBE's Laboratory Branch (LB) to obtain complete MIRU-VNTR results for all 2009 isolates. This information will improve our understanding of genotype clusters and help TB control staff integrate GENType into their routine work.

2010 Annual Genotyping Report

TB genotyping has come a long way since NTGS was started in 2004. We are celebrating our progress by publishing the first ever Annual Genotyping Report. Much like the annual TB surveillance report, this report summarizes some key data regarding TB genotyping in the United States, including the substantial progress TB programs have made in increasing TB genotyping surveillance coverage (from 51.3% in 2004 to 88.2% in 2010). This report will be available online soon.

Best Practices for Genotyping-Based Tuberculosis Outbreak Detection

The Outbreak Detection Working Group, a multi-agency work group of partners with expertise in TB control and genotyping, has developed a document that outlines six best practices regarding the use of TB genotyping in routine TB

control activities. These best practices are meant to be a tool for programs to reference as they develop their genotyping programs; they do not represent mandatory activities under any currently established CDC cooperative agreements, grants, or contracts. Within the document, the practices are listed in order of importance; each is followed by a list of activities that support that best practice.

The best practices are

1. Ensure each patient with a positive TB culture result has a genotyped isolate;
2. Link genotyping results to surveillance data promptly;
3. Integrate genotyping information into routine case management, contact investigation, and cohort review activities;
4. Examine concerning genotype clusters;
5. Communicate with other jurisdictions and CDC; and
6. Develop and maintain capacity for using genotyping information in routine TB control.

A factsheet on best practices for genotyping is available at

www.cdc.gov/tb/publications/factsheets/statistics/genotyping_bestpractices.pdf

The webinar “Best Practices in Genotyping-Based Tuberculosis Outbreak Detection” was presented on May 24, 2012. Some TB control staff were not able to participate; however, we recorded the presentation so that it can be viewed at a later date. You can access the recorded version of the webinar here: <http://cc.readytalk.com/play?id=gj0lwd>. You do not need to register to access the recording. Simply enter your name on the first screen, and click “Submit.” You will then be taken directly to the webinar. The recording will be available for at least a year.

Have questions about TB genotyping?

Your state, tribal, or territorial TB program is the best first stop for more information about TB genotyping. If you’re not sure of the correct person to contact, or you are in a state, tribal, or territorial TB program, e-mail tbgenotyping@cdc.gov with your question. Someone from MEA will answer it, or we will find out who in your state or territory you can contact.

—Reported by Juliana Grant, MD
Div of TB Elimination

NEW CDC PUBLICATIONS

Abraham BK, Winston CA, Magee E, Miramontes R. Tuberculosis among Africans living in the United States, 2000–2009. *J Immigr Minor Health* 2012 Apr 26.

Chen MP, Shang N, Winston CA, Becerra JE. A Bayesian analysis of the 2009 decline in tuberculosis morbidity in the United States. *Statistics in Medicine* 2012 March 13 [Online e-pub]. DOI: 10.1002/sim.5340.

Click ES, Feleke B, Pevzner E, Fantu R, Gadisa T, Assefa D, Melaku Z, Cain K, Menzies H. Evaluation of integrated registers for tuberculosis and HIV surveillance in children, Ethiopia, 2007–2009. *Int J Tuberc Lung Dis* 2012 Mar 12 [Online e-pub].

Dharmadhikari AS, Mphahlele M, Stoltz A, Venter K, Mathebula R, Masotla T, Lubbe W, Pagano M, First M, Jensen PA, van der Walt M, Nardell EA. Surgical face masks worn by multidrug-resistant tuberculosis patients: impact on infectivity of air on a hospital ward. *Am J Respir Crit Care Med* 2012 Feb 9.

Graham SG, Ahmed T, Amanullah F, Browning R, Cardenas V, Casenghi M, Cuevas LE, Gale M, Gie RP, Grzemska M, Handelsman E, Hatherill M, Hesselting AC, Jean-Philippe P, Kampmann B, Kabra SK, Lienhardt C, Lighter-

Fisher J, Madhi S, Makhene M, Marais BJ, McNeeley DF, Menzies H, Mitchell C, Modi S, Mofenson L, Musoke P, Nachman S, Powell C, Rigaud M, Rouzier V, Starke JR, Swaminathan S, Wingfield C. Evaluation of tuberculosis diagnostics in children: 1. Proposed clinical case definitions for classification of intrathoracic tuberculosis disease. Consensus from an expert panel. *J Infect Dis* 2012; DOI: 10.1093/infdis/jis008. Published online March 22, 2012.

Kalokhe AS, Shafiq M, Lee JC, Metchock B, Posey JE, Ray SM, et al. Discordance in *Mycobacterium tuberculosis* rifampin susceptibility. [Letter.] *Emerg Infect Dis* [serial on the Internet] 2012 Mar; 18 (3). <http://dx.doi.org/10.3201/eid1803.111357>; DOI: 10.3201/eid1803.111357.

Lamunu D, Chapman KN, Nsubuga P, Muzanyi G, Mulumba Y, Mugerwa MA, Goldberg S, Bozeman L, Engle M, Saukkonen J, Mastranunzio S, Mayanja-Kizza H, Johnson JL. Reasons for non-participation in an international multicenter trial of a new drug for tuberculosis treatment. *Int J Tuberc Lung Dis* 2012; 16(4):480–485; available at <http://dx.doi.org/10.5588/ijtld.11.0434>

Miramontes R, Winston CA, Haddad MB, Moonan PK. Use of tuberculosis genotyping for postoutbreak monitoring. *J Public Health Manag Pract*. 2012 Jul;18(4):375-8.

Olson NA, Davidow AL, Winston CA, Chen MP, Gazmararian JA, Katz DA. A national study of socioeconomic status and tuberculosis rates by country of birth, United States, 1996–2005. *BMC Public Health* 2012, 12:365 (e-publication).

Phanuphak N, Varma JK, Kittikraisak W, Teeratakulpisarn N, Phasitlimakul S, Suwanmala P, Pankam T, Burapat T, Tasaneeyapan T, McCarthy KD, Cain KP, Phanuphak P. Using tuberculin skin test as an entry point to screen for latent and active tuberculosis in Thai people

living with HIV. *J Acquir Immune Defic Syndr* 2012 Apr 23.

Saukkonen JJ, Powell K, Jereb JA. Monitoring for tuberculosis drug hepatotoxicity: moving from opinion to evidence. [Editorial.] *Am J Respir Crit Care Med* 2012 Mar 15; 185(6): 598-9.

Schito ML, Peter TF, Cavanaugh S, Piatek AS, Young GJ, Alexander H, Coggin W, Domingo GJ, Ellenberger D, Ermantraut E, Jani IV, Katamba A, Palamouni KM, Essajee S, Dowdy DW. Opportunities and challenges for cost-efficient implementation of new point-of-care diagnostics for HIV and tuberculosis. *J Infect Dis* 2012 Apr 3. [Epub ahead of print.]

Stier DD, Thombley ML, Kohn MA, Jesada RA. The status of legal authority for injury prevention practice in state health departments. *Am J Public Health* 2012 Apr 19.

Willis MD, Winston CA, Heilig CM, Cain KP, et al. Seasonality of tuberculosis in the United States, 1993–2008. *Clin Infect Dis* 2012 June 1; 54(11): 1553–60.

Winston CA, Hill AN, Chen MP, Shang N, Becerra JE. Confidence intervals and statistical testing for ratio measures of percent change. [Online e-pub.] *Statistics in Medicine* 2012 March 22. DOI: 10.1002/sim.5340.

PERSONNEL NOTES

N. Niki Alami, MD, will be one of the new EIS officers in the International Research and Programs Branch (IRPB). Niki completed undergraduate studies at Loyola University in Chicago, medical school at Southern Illinois University School of Medicine, an internal medicine residency at Loyola University Medical Center, and an infectious diseases fellowship at Northwestern University. She became interested in international public health through her clinical and research experience in Bolivia and Iran.

Since finishing her fellowship in July 2011, she has served as a principal investigator on a HRSA-sponsored grant focusing on treatment of hepatitis C in patients coinfecting with HIV and hepatitis C. In her spare time, Niki enjoys traveling, photography, and religiously watching "Global Public Square with Fareed Zakaria" on CNN.

Juanita Elder, who has been on a detail in the Division of HIV/AIDS Prevention (DHAP) since January, has accepted a promotion to Resource Management Specialist Team Lead with the Office of Public Health Preparedness and Response/Office of Management Services. Juanita has been a key member of the Resource Management Team in DTBE's Office of the Director since June 1996. Following are some highlights of her accomplishments: She was instrumental in developing extensive spreadsheets that were used to track the 68 TB CoAgs; these spreadsheets merged with the needs of both DTBE and PGO in tracking detailed budgetary and historic data. She also worked intensively and extensively with PGO and FMO to resolve the many funding issues that came up during her time in DTBE. She was exceptionally skilled at accurately predicting future trends, and was also able to provide mitigating solutions to lessen the impact when those predictions became a reality. Juanita provided DTBE staff with dependable and insightful guidance and counsel on contracts, grants, cooperative agreements and budgetary issues. She was especially adept at interpreting appropriations laws and policy governing the mechanisms that allowed our scientific work to be accomplished. Importantly, she frequently found ways to resolve difficult contractual issues by researching regulations and innovatively incorporating the division's scientific needs within the promulgating guidance and structures. During the difficult issue of severable and non-severable contracts, she was very instrumental in resolving the problem, helping DTBE save over \$7 million in funds. Throughout all of these circumstances, she was always pleasant and professional in her

demeanor and had a way of working through difficult issues with aplomb. We will miss Juanita and her exceptional skill and knowledge in the area of procurement and grants. We wish her the very best in her new position, and thank her for her many years of exceptional service to DTBE. Her report date to her new position was May 6.

Maryam Haddad has stepped down as Outbreak Investigations (OI) team lead with the Surveillance, Epidemiology, and Outbreak Investigations Branch (SEOIB) and is going to part-time status to concentrate on pursuing a PhD in epidemiology at Emory University, after 9 years with DTBE, including 5 as the OI team lead. The new OI team lead, effective June 4, is Krista Powell. Maryam will remain with SEOIB, and she plans to return full-time in 2014.

Margaret Jackson has left DTBE and the TB Trials Consortium (TBTC) for a position with the Division of HIV/AIDS Prevention, Capacity Building Branch (CBB). In her new role, Margaret is continuing as a Public Health Analyst and will serve as Co-Coordinator of the web-based Capacity-Building Request Information System (CRIS). This system enables partners to request technical assistance and training. She will also serve as a Program Consultant to the national and regional organizations that provide services to state and local health departments, and community-based organizations. She is excited about this new opportunity to work in the field of HIV/AIDS.

Margaret came to DTBE with experience in multiple federal programs. She began her federal career as a seasonal data-entry clerk at the Internal Revenue Service; at the end of the term, her supervisor recommended her for a full-time position as a Section Secretary. Within a few months she was named Lead Secretary in the Branch. Less than a year later she joined CDC as a Secretary in the Laboratory Branch of the National Center for Environmental Health. She was promoted to a Program Assistant position in the Program Operations Branch, Division of

STD/HIV Prevention, National Center for Preventive Services (precursor of NCHHSTP), and worked there 1990–1995. Margaret then took a lateral assignment for career growth with the Division of Adolescent and School Health, in the National Center for Chronic Disease Prevention and Health Promotion. From there, she availed herself of detail opportunities as a Budget Analyst and Project Specialist in the Office of the Director, NCCDPHP. In 1998, she was offered a promotion to Program Information Specialist, Research and Evaluation Branch, Division of Tuberculosis Elimination, Research Evaluation Branch (now the Clinical Research Branch). During her time in the branch, Margaret served as IRB coordinator for all TB Trials Consortium trials, and as Executive Coordinator for TBTC Executive Affairs Group. She also provided a variety of administrative functions for the branch, and supervised and managed the support personnel. In 2001, she completed the Executive Leadership Program, USDA Graduate School. Margaret's hard work and dedication were rewarded by promotions within DTBE, culminating in her final position as a Public Health Analyst. Margaret's last day in DTBE was February 7, and she reported to her new office on February 13.

Adam Langer has joined the Division of Global Migration and Quarantine's (DGMQ) Quarantine and Border Health Services Branch as the Zoonoses Team Lead, after nearly 3 years with DTBE. His new responsibilities include leading the team that helps reduce the risk of importing animal diseases of public health importance by regulating animals and animal products arriving at U.S. ports of entry and crossing state lines. During his tenure with SEOIB, Adam was key to the launch of the Tuberculosis Genotyping Information Management System, formation of the Outbreak Detection Work Group, and renewal of DTBE emphasis on TB in correctional settings. He also led or supervised several TB genotype cluster and outbreak investigations and served as DTBE's consultant on a number of zoonotic TB issues. In 2010, he won the

NCHHSTP Honor Award for Excellence in Public Health Service (Early Career), and in 2011, the James H. Steele Veterinary Public Health Award. Adam began his new position as DGMQ Zoonoses Team Lead on June 4.

Lakshmy Menon was the worthy recipient of the DTBE Director's Recognition Award for the second quarter of 2012. Lakshmy was selected to receive this honor because of her extraordinary effort and exceptional performance in support of the development of "A Report from the Workgroup on Tuberculosis Elimination in Hard Times: The Restructuring of the U.S. Tuberculosis Program (TRUST)," and for the exceptional support she provided to the Funding Formula Workgroup, as well as for her commitment to TB program evaluation efforts. Throughout the process of compiling the official TRUST report, Lakshmy was highly effective, efficient, and courteous. This task included editing, maintaining version control, and finalizing the document for submission to the DTBE/OD and CDC/OD. She provided similar support to all of DTBE and to the National TB Controllers Association and its partners during the project to develop recommendations for the most effective distribution of funding allocated through the cooperative agreements. She demonstrated excellent working relationships with the members of the TRUST Workgroup and Funding Formula Workgroup. She also maintains excellent working relationships with the designated TB programs areas supporting program evaluation activities and consultations, as well as with internal and external TB stakeholders. Her initiative in working with the American Evaluation Association (AEA) is an additional noteworthy achievement. She was the lead for two presentations that were given at the 2011 AEA annual meeting, highlighting TB program evaluation and capacity building efforts. She is also ever-mindful of deadlines and opportunities. Her consistent initiative and foresight are evidenced by her successful proposal and match for a Public Health Prevention Service (PHPS) fellow. Congratulations, Lakshmy!

Chimeremma Nnadi, MD, PhD, will be the other new EIS officer in IRPB. Chime completed his medical education at the College of Health Sciences, University of Port Harcourt, Nigeria. He then worked as a clinician on several issues at the intersection of poverty and health, including malaria, HIV/AIDS, and tuberculosis, as well as maternal and child health issues at several levels of the health care system in Nigeria. Chime subsequently obtained his MPH degree in the United Kingdom. He further gained an MS in Epidemiology and a PhD in Behavioral and Community Health Sciences at the University of Pittsburgh, Pennsylvania. In his spare time, Chime researches ways of improving the odds of goal scoring in soccer games and works really hard at improving his culinary art skills.

Krista Powell, MD, is the new SEOIB Outbreak Investigations (OI) team lead as of June 4, 2012. In her 4 years with the OI team, Krista has led several large TB outbreak investigations, including the Fulton County outbreak among homeless persons in 2009, the MDR TB outbreak in the Republic of the Marshall Islands in 2009, and the Kane County, Illinois, outbreak in a homeless shelter in 2010 and 2011. Along with Lilia Manangan, she serves as DTBE's co-Project Officer for National Surveillance for Severe Adverse Events Associated with Treatment for Latent TB Infection, and in 2011, she also served on DTBE's writing committee to develop guidelines for the new 12-dose regimen to treat latent TB infection. Krista, who grew up in Georgia, attended the University of Georgia as an undergraduate and then Emory for her MPH and MD degrees. She completed her residency in internal medicine at the University of California, San Francisco, before joining CDC as an EIS officer in 2008.

Courtney Yuen, PhD, will be the new EIS officer for SEOIB. Courtney earned a BS from Brown University and a PhD from Harvard University, where she studied stem cell transcriptional regulation for her doctoral thesis. After completing her PhD, Courtney spent 2 years as a

Peace Corps volunteer in a rural Ugandan secondary school, where she taught science and addressed women's health and mental health issues among the student population. She then worked in Zambia with the Clinton Health Access Initiative on a costing study of HIV treatment programs. Courtney is currently a researcher at Harvard Medical School studying the epidemiology of drug-resistant TB. In her spare time, Courtney enjoys reading, hiking, and producing excessive quantities of baked goods that inevitably end up in her work place.

In Memoriam

Edward (Don) Brown died March 17, 2012; he was 81. He is survived by his wife of 53 years, Alice "Kay" Brown, five children, and their spouses. Before coming to CDC, he spent 7 years with the Wisconsin Anti-Tuberculosis Association. At CDC, Don was a long-time, faithful, and devoted TB Division employee in the Program Services Branch (precursor of the current Field Services and Evaluation Branch), where he played an important role in the TB program evaluation section. Don was widely known and respected for his important work in the development, implementation, and reporting of the CDC TB program evaluation measures. Chris Hayden, former Chief of the Program Services Branch, commented in a note,* "As a TB field assignee in Wilkes-Barre, PA (1968-1971), I helped field test the newly created TB Evaluation Forms (five different-colored forms), affectionately called the 'Rainbow Reports,' which Don was in charge of at CDC. Over the next 2+ decades, Don ensured that every state and big city TB control program submitted completed forms to CDC on a semi-annual basis. Don was a stickler for accuracy and timeliness; and though the forms were somewhat tedious to complete, Don taught every TB manager in the country to effectively use and value them. It was a pleasure and an honor to learn from and work with him over the years." Don retired from CDC in the mid-1990s after 31 years of service as a Public Health Analyst. Services were held at

Corpus Christi Catholic Church in Stone Mountain, Georgia, on March 22, 2012. Donations may be made to Corpus Christi Catholic Church or to Honey Creek Woodlands at the Monastery of the Holy Spirit.

*Used with permission.

CALENDAR OF EVENTS

June 11–14, 2012

[2012 National TB Workshop](#)

Atlanta, GA, Crowne Plaza Atlanta Perimeter at Ravinia Hotel

National Tuberculosis Controllers Association (NTCA)

June 12, 2012

Stop TB USA annual partnership meeting

Atlanta, GA, Crowne Plaza Atlanta Perimeter at Ravinia Hotel

Stop TB USA

June 16–19, 2012

[2012 ASM General Meeting](#)

San Francisco, CA

American Society for Microbiology (ASM)

July 4–6, 2012

6th Conference of The UNION – Europe Region

London, United Kingdom

[International Union Against Tuberculosis and Lung Disease \(IUATLD\)](#)

July 22–27, 2012

XIX International AIDS Conference

Washington, DC

[AIDS 2012](#)

September 8, 2012

5th International Workshop on Clinical Pharmacology of Tuberculosis Drugs

San Francisco, California

Virology Education

Abstract submission deadline: July 13, 2012

September 18–20, 2012

[2012 TB Education, Training, and Evaluation Network Conference](#)

Atlanta, Georgia

TB ETN and TB PEN

October 10–13, 2012

The Denver TB Course

Denver, Colorado

[National Jewish Health](#)

November 19–20, 2012

TB: Making a Difference

Toronto, Ontario, Canada

[The Lung Association](#)